respectively. Within a budget of 10 million RUR the number of patients at European LDL-C goal at 1 year is: 558 on Crestor, 361 on Vasilip, 385 on Atoris and 394 on Tulip. **CONCLUSION:** Based on the equi-effective dose of statins CRESTOR is shown to be cost-effective compared to atorvastatin and simvastatin even at low generic prices across all value metrics analysed.

PCV75

THE ANALYSIS OF HEALTH AND ECONOMIC BENEFITS AS THE CONSEQUENCE OF THE REALIZATION CARDIOVASCULAR SYSTEM DISEASES PREVENTION PROGRAMME AMONG THE CHILDREN AND YOUTH OF SCHOOL AGE IN POLAND

Maciejewski J, Sinkiewicz W
Collegium Medicum of Nicolaus Copernicus University, Bydgoszcz, Kujawsko-pomorsk, Poland

OBJECTIVES: The purpose of this study was to evaluate health and economic benefits, throughout the country, as the consequence of the realization cardiovascular system diseases prevention programme among the children and youth of school age in Poland. **METHODS:** This was a health and an economic evaluation using a simulation model based on 10,000 subjects. The frequency of incidence of cardiovascular system diseases was estimated using data from the Polish epidemiological trials programs and statistical yearbook. Costs of cardiovascular system diseases treatment were derived from medical services catalogue of The National Health Fund (NFZ). The effectiveness of preventive programmes was extracted from the INTERHEART study and other published sources. **RESULTS:** Correctly constructed and conducted prevention programme of cardiovascular system diseases among the children and youth of school age in Poland could reduce about 70% lipid disorders, 50% obesity, 50% arterial hypertension, 8% heart attack, 5% the diabetes mellitus type 2, and about 4% the cerebrovascular incident in adult life of the beneficiaries. The indirect results of prevention are the extending of life-span and the improvement of health quality of individuals as well as their families, the improvement of epidemiological situation and measurable financial profit throughout the country because of dangerous and chronic health complications prevention as well as lack of limitations of ability to work. **CONCLUSION:** The cost of analysed preventive programme of cardiovascular system diseases is about 15 times smaller than health care costs of these diseases.

PCV76

MEASUREMENT OF FRACTIONAL FLOW RESERVE IN PATIENTS WITH CORONARY ARTERY DISEASE TO GUIDE TREATMENT—RESULTS FROM A HEALTH TECHNOLOGY ASSESSMENT AND DECISION ANALYTIC MODEL

Siebert U[1], Bornschein B[2], Schnell-Inderst P[3], Rieber J[4], Pijls N[5], Wasem J[3], Klauss V[4]
[1]UMIT—University for Health Sciences, Medical Informatics and Technology, Hall i.T, Austria, [2]UMIT University of Health Sciences, Medical Informatics, and Technology, Hall i.T, Austria, [3]University of Duisburg-Essen, Essen, Germany, [4]University of Munich, Munich, Germany, [5]Catharina Hospital Eindhoven and Eindhoven University of Technology, Eindhoven, The Netherlands

OBJECTIVES: To perform a health technology assessment (HTA) commissioned by the German Federal Ministry of Health on coronary fractional flow reserve (FFR) to guide the decision on coronary stenting in patients with suspected mild coronary artery disease (CAD). **METHODS:** We performed a systematic literature search to identify clinical and economic studies on FFR-guided strategies. A meta-analysis on the diagnostic value of FFR and a review on economic evaluations were done. We developed a decision-analytic Coronary Artery Disease Outcome Model (CADOM) for the German health care context. Patients with angiographically suspected CAD without confirmed diagnosis were modeled in subgroups for age and gender (basecase: 60-year old man). Model parameters were derived from German databases and the published literature. We adopted the societal perspective, used a life-time horizon, and discounted costs and effects by 5% per year. **RESULTS:** We identified 10 diagnostic accuracy studies, 1 multicenter randomized clinical trial (RCT) for efficacy, and 1 decision-analytic cost-effectiveness study (US context). Pooled sensitivity and specificity of FFR was 81.7% (95%CI: 77.0–85.7%) and 78.7% (95%CI: 74.3–82.7%), respectively. Few studies used a sufficient goldstandard. The RCT investigated the efficacy of a FFR-based treatment strategy and showed advantages for patients in terms of major adverse cardiac events and freedom from angina. The cost-effectiveness study showed the FFR-based strategy being cost-saving in the US health care system. Results from German CADOM indicated a gain in (quality-adjusted) life-expectancy for the FFR-guided strategy compared to universal coronary intervention in all patients. The base-case discounted incremental cost-effectiveness ratio was Euro 16,000 per QALY gained. Uni- and multivariate sensitivity analyses showed robust results. **CONCLUSION:** This HTA suggests that FFR-guided treatment results in clinical benefits for patients with suspected CAD and should be cost-effective in the German context. FFR should be implemented in routine clinical decision making in patients with suspected CAD.

PCV77

RESPONSE-SHIFT IN HEART DISEASE: COMPARING INDIVIDUALIZED VS. DISEASE-SPECIFIC HRQL INSTRUMENTS

Höfer S, Pfaffenberger N, Renn D, Platter M
Medical University Innsbruck, Innsbruck, Austria

OBJECTIVES: The phenomena of response-shift has recently entered the PRO literature and provided new insight how change scores in PRO measures such as HRQL-instruments can be interpreted. Methods have been provided to investigate the 3 types of response-shift: recalibration, reconceptualization and reprioritization. The aim of this study was to investigate to what extend response-shift occurs in individualized vs. disease-specific HRQL-instruments and how it can be captured. **METHODS:** In a prospective longitudinal study 100 patients with angiographically documented coronary artery disease were approached at 2 time points (hospital-baseline and 6 month-follow-up) with an individualized QoL-instrument (Schedule for the Evaluation of Individualized Quality of Life; SEIQOL) and a disease-specific HRQL-instrument (MacNew Heart Disease Quality of Life Questionnaire; MacNew). The SEIQoL is constructed allowing capturing two aspects of response-shift: reconceptualization (cues) and reprioritization (weights). In addition the "Then-Test" was applied to the MacNew at 6 month-follow-up to capture recalibration. **RESULTS:** Informed consent was given by 64 patients (61+/–7.5 years, 28.1% female, main symptom: 71.9% angina) and all patients were treated with percutaneous coronary interventions. 71.9% returned the six-month follow-up. Individualized QoL (SEIQoL-Index) did not improve over the 6 month-period (t0: 65.8+/–25.5; t1: 67.8+/–20.5, p = ns), in addition 25% of the participants showed response-shift effects of reconceptualization in at least one cue of the SEIQoL. No significant change in SEIQoL cue-weights occurred. Disease-specific HRQL scores changed significantly over time (t0: 4.7+/–1.2, t1: 5.3+/–1.1, $p = 0.004$); and no recalibration occurred (t0-then-test: 4.6+/–1.4, $p = 0.418$). **CONCLUSION:** This prospective study investigating the effects of percutaneous coronary interven-